

R-Community Choices Waiver (CCW)

R-100 Covered Services for Community Choices Waiver (CCW)

R-100.2 Adult Day Health Care (ADHC)

For Adult Day Health Care (ADHC) definition and policy, refer to Adult Day Health Care under Covered Services in the Louisiana Medicaid Program CCW Provider Manual.

SC will:

- Inform participant of ADHC services.
- Offer Freedom of Choice (FOC) of all ADHC providers if participant chooses this service.
- Include ADHC in the POC and budget sheet.
- Submit the POC packet to the SC supervisor by following the procedures outlined in this manual.

SC supervisor will:

- Review and approve POC following the procedures outlined in this manual.
- Submit approved POC packet to the DMC, participant, provider(s) and RO following the procedures outlined in this manual.

NOTE: Approved POC packet can be submitted by any SCA representative.

DMC will:

- Issue PAs after approved POC is received from SCA.

R-100.4 Assistive Devices and Medical Supplies

For Assistive Devices and Medical Supplies definition and policy, refer to Assistive Devices and Medical Supplies Section under Covered Services in the Louisiana Medicaid Program CCW Provider Manual.

NOTE: The purchaser of these items may be the participant, Responsible Representative (RR), Direct Service Provider (DSP), Support Coordination Agency (SCA), or any other source. However, this Section provides procedure only for the SCA as the billing source for these services.

Participants must use Medicaid state plan services, Medicare, or other available payers first prior to using Waiver services as the payer for assistive device and medical supply purchases.

SC will:

- Inform participant of the Assistive Devices and Medical Supplies service.
- Determine if the requested item(s) are needed and approvable purchases within the assistive devices and medical supplies waiver service, and if so,
- Identify the Designated Purchaser (DP) of the item(s). The DP of assistive devices and medical supplies may be the participant, Responsible Representative (RR), Direct Service Provider (DSP), Support Coordination Agency (SCA), or any other source.
- Complete Sections:
 - I. Itemized Assistive Devices and Medical Supplies Expenses,
 - II. Pre-Approval Authorization,
 - III. Support Coordination Agency, and
 - IV. Designated Purchaser (DP)

of the Assistive Devices and Medical Supplies form, OAAS-PF-16-001.

- Include Assistive Device Purchase (Z0624) and/or Medical Supply Purchase (Z0645) in the POC/POC revision CAPS section and the POC/POC revision budget page.
- Submit the POC packet and Assistive Devices and Medical Supplies Form to the Support Coordinator Supervisor (SCS) by following the procedures outlined in this manual.

NOTE: Item purchases cannot be made until the Assistive Devices and Medical Supplies Form has been pre-approved and prior authorized by the DMC.

SCS will:

- Review and pre-approve the Assistive Devices and Medical Supplies Form authorization.
- Review and approve the POC/POC revision following the procedures outlined in this manual.
- Submit the approved POC packet to the DMC, participant, providers, and RO following the procedures outlined in this manual.

SC will:

- Assist with obtaining the items identified on the Assistive Devices and Medical Supplies Form.

NOTE: Item purchases are not restricted to being from licensed providers. Assistive Devices and Medical Supplies services are each limited to a maximum total cost of \$300 per purchase. However, there is no lifetime cap on utilization. Purchases can reoccur following the same procedure outlined above, provided the participant remains within his/her allotted budget.

- Verify that the items purchased are listed on the Assistive Devices and Medical Supplies Form.
- Collect and submit original receipts along with the Assistive Devices and Medical Supplies Form to SCS for verification and final approval.

If there are any discrepancies between the estimated cost total and the actual cost total, SC will:

- Submit a revised POC budget worksheet to SCS reflecting the actual total cost.

SCS will:

- Utilize the pre-approved Assistive Devices and Medical Supplies Form to ensure that only the item(s) listed are reimbursed to the DP.
- Review the Assistive Devices and Medical Supplies Form for final approval, Section V.
- Send the approved Assistive Devices and Medical Supplies Form to the DMC and RO.

DMC will:

- Issue PAs after the approved POC is received from the SCA.

SCA will:

- Bill the Medicaid fiscal intermediary contractor for this service within sixty (60) calendar days from the purchase date.
- Reimburse the DP, if other than SCA, within ten (10) calendar days of receipt of reimbursement.
- Maintain documentation including each participant's Assistive Devices and Medical Supplies Form with original receipts and copies of cancelled checks, as record of payment to the DP, as applicable.

R-100.6 Environmental Accessibility Adaptation (EAA)

For Environmental Accessibility Adaptation (EAA) definition and policy, refer to EAA Section under Covered Services in the Louisiana Medicaid Program CCW Provider Manual.

NOTE: EAAs are especially helpful if construction is needed and referral to an EAA assessor may be necessary. If participant is in need of a Durable Medical Equipment (DME), a Home Health Agency (HHA) referral may be more appropriate.

The EAA basic assessment and final inspection are not necessary if the participant has requested a low cost accessibility adaptation or item. If the adaptation or item cost is \$1000 or below, the SC Supervisor (SCS) must submit the POC/POC revision to the RO for review. Once reviewed, RO notifies the SC of the decision via email. If the assessment is waived, the SC submits the POC/POC revision and the RO email to the Data Management Contractor (DMC) for processing.

If the adaptation or item cost exceeds \$1000, the SC will:

- Inform participant of EAA service and all possible costs associated with this service (e.g. EAA basic assessment, EAA final inspection, Home Health Agency (HHA) assessment, etc.).

Referral to EAA Assessor for EAA

SC will:

- Offer FOC of EAA assessor to participant.

NOTE: If participant does not own the home, the SC must receive written permission from landlord prior to proceeding with EAA process.

- Check the participant's service utilization report to make sure funds are available (if applicable).
- Include EAA basic assessment (Z0640) in the POC/POC Revision with justification for the service and explanation of how other

services/supports will be replaced without jeopardizing participant's health and welfare.

- Send POC packet to DMC so Prior Authorization (PA) can be issued to EAA assessor.
- Submit the following to EAA assessor on the same date the POC packet is sent to the DMC:
 - POC (including CAPs Summary (CAPS) & budget worksheet);
 - MDS-HC;
 - Copy of the "Client Data Form" print out (from Case Management Information System (CMIS)); and
 - Signed FOC for EAA assessor.

EAA assessor will:

- Contact the participant within ten (10) calendar days of notice of referral to schedule an EAA assessment.

NOTE: SC referral must include all of the items bulleted above.

- Notify the SC via letter of date and time of assessment.

NOTE: The SC should try to be present for the assessment, especially for complex cases. However, the SC's presence is not mandatory and should not delay the process.

- Conduct basic assessment within thirty (30) calendar days from date of contact.
- Complete and submit the **Home Access Evaluation (HAE)** report to the SC within fifteen (15) calendar days of the assessment.

NOTE: If the participant needs more than one EAA (e.g. grab bars and a ramp), only one (1) EAA assessment will be completed by the EAA assessor.

SC will:

- Complete and submit the OAAS EAA form (OAAS-PF-12-007) to DMC for release of PA for EAA basic assessment (Z0640) within two (2) business days of receipt of HAE report.
- Submit the HAE report to RO for review and input within two (2) business days of receipt of HAE report.
- RO and SC should contact the EAA assessor as necessary, if there are more cost effective alternatives or any concerns with the HAE report.
 - If EAA is **not** recommended:
 - Discuss the HAE report with participant.
 - Follow recommendations in HAE report, if participant is in agreement.

NOTE: If HAE report includes assistive devices and participant is in agreement, SC will refer to Assistive Devices and Medical Supplies procedure, R-100.4, for possible purchase by SC, Designated Purchaser (DP) or HHA, depending upon estimated cost.

- If EAA **is** recommended:
 - Discuss HAE report including cost estimate with participant.
 - If participant chooses to proceed:
 - Offer FOC for EAA providers.
 - Submit HAE report to selected EAA provider(s) within two (2) business days of signed EAA FOC form(s).
 - Explain to the selected EAA provider(s) that they should contact the EAA assessor with any questions and comments regarding the HAE report.

- Obtain three (3) detailed quotes from EAA providers (**if possible**) within ten (10) business days of submitting HAE report to EAA provider(s).

NOTE: Three (3) quotes from providers are preferred, but NOT required. If quotes are not returned by the EAA providers within ten (10) business days, SC should proceed with quote(s) received.

- Review the selected quote to make sure that the quote matches the HAE specifications.
- Consult with the EAA assessor and/or RO, if necessary.
- Complete a POC Revision to include selected EAA provider and submit to Support Coordinator Supervisor (SCS) for approval.

Within two (2) business days of SCS approval,

SC will:

- Submit the POC/POC Revision, HAE Report and EAA provider quote(s) to RO for review.

RO will:

- Review the HAE report, contacting the EAA assessor, EAA provider, and SC as necessary for input, to ensure the EAA is necessary, appropriate, and will benefit the participant.
- Notify the SC of the EAA decision via email.

If RO's decision is to proceed with the EAA,

SC will:

- Notify EAA provider and submit POC/POC Revision pages: demographic page, budget worksheet, and approval page to DMC to issue PA for EAA provider.

- Alert provider and participant that the EAA job may NOT be paid if the provider does not complete the job according to the HAE specifications and procedure timelines.
- Inform provider that EAA assessor must be called immediately to discuss any issues/concern or deviations from the HAE specifications.

EAA provider will:

- Schedule and meet with participant to assess EAA job according to HAE specifications within ten (10) business days of notification.

NOTE: If EAA provider cannot complete the work according to HAE specifications, SC will offer FOC for new EAA provider within two (2) business days.

- Complete the work in accordance with the HAE specifications within sixty (60) calendar days of PA notification **and when possible**, prior to the participant's POC end date.
- Contact the EAA assessor, SC and participant at least ten (10) calendar days prior to completion of the work.
- Once completed, contact the EAA assessor to schedule the inspection(s).

NOTE: If EAA job CANNOT be completed within sixty (60) calendar days, provider must notify SC immediately.

For the final inspection by the EAA assessor, the SC will:

- Complete a POC/POC Revision and budget worksheet to include EAA final inspection (Z0642) and submit to SC supervisor for approval.

Within two (2) business days of SC supervisor approval, the SC will:

- Submit the following POC pages to DMC to issue PA for EAA complex assessment:
 - Demographic page;
 - Budget worksheet; and
 - Approval page

EAA assessor will:

- Schedule final inspection with participant, RR, EAA provider and SC (if applicable).

NOTE: EAA assessor will invite SC & EAA provider. The SC and provider should try to be present for the inspection but it is not a requirement and should not delay the process.

- Inspect EAA job on-site with participant, RR, EAA provider and if applicable, the SC, and complete Final Inspection Form.

If EAA assessor verifies EAA job was completed according to specifications,

SC will:

- Complete and submit OAAS EAA Form with appropriate EAA provider code to DMC for release of EAA Final Inspection (Z0642).

If EAA assessor verifies the EAA job was NOT completed according to specifications, the EAA assessor will email/scan or fax a report with identified problems to the EAA provider and SC.

- SC will email a copy of the problem report to RO.
- EAA provider will remediate the identified problems, if possible.

NOTE: If EAA provider cannot resolve the problems, SC will refer case to RO for further guidance/resolution.

R-100.8 Home Delivered Meals

For Home Delivered Meals definition and policy, refer to Home Delivered Meals Section under Covered Services in the Louisiana Medicaid Program CCW Provider Manual.

SC will:

- Inform participant of Home Delivered Meals services.
- Offer Freedom of Choice (FOC) of all Home Delivered Meal providers if participant chooses this service.
- Include Home Delivered Meals in the POC and budget sheet.
- Submit the POC packet to the SC supervisor by following the procedures outlined in this manual.

SC supervisor will:

- Review and approve POC following the procedures outlined in this manual.
- Submit approved POC packet (including the budget worksheet) to the DMC, participant, RO and provider(s) following the procedures outlined in this manual.

NOTE: Approved POC packet can be submitted by any SCA representative.

DMC will:

- Issue PAs after approved POC is received from SCA.

NOTE: The SC is responsible for informing the provider of any change in meal delivery within 24 hours of notification. Examples of this include, but are not limited to hospitalization, admission to nursing facility, deaths, etc.

R-100.10 Monitored In Home Caregiving Services (MIHC)

For Monitored In-Home Caregiving Services definition and policy, refer to Monitored In-Home Caregiving Services Section under Covered Services in the Louisiana Medicaid Program CCW Provider Manual.

SC will:

- Determine if the participant is eligible for MIHC services per their assigned Resource Utilization Group (RUG) score as determine by the MDS-HC.

NOTE: Qualifying RUG scores include: Special Rehabilitation 1.21, 1.12, 1.11, Special Care 3.11, Clinically Complex 4.31, 4.21, Impaired Cognition 5.21, Behavior Problems 6.21, Reduced Physical Function 7.41, 7.31, Extensive Services 2.13, 2.12, 2.11, and Special Care 3.12.

- Check the participant's service utilization report to make sure funds are available (if applicable).
- Inform participant of MIHC Services.
- Offer Freedom of Choice (FOC) of MIHC providers if participant chooses this service.
- Include MIHC Intake and assessment (T1028) on the POC or POC Revision budget page
- Submit the POC packet to the SC supervisor by following the procedures outlined in this manual.

SC supervisor will:

- Review and approve POC following the procedures outlined in this manual.
- Submit approved POC packet (including the budget worksheet) to the DMC, participant, RO and provider(s) following the procedures outlined in this manual.

DMC will:

- Issue Prior Authorizations (PAs) for the intake & assessment

MIHC provider will:

- Contact the participant within three (3) calendar days of receipt of POC revision to schedule the MIHC intake and assessment.
- Notify the SC of date and time for initial assessment.

NOTE: The SC should try to be present for the assessment, especially for complex cases. However, the SC's presence is not required and should not delay the process.

- Conduct assessment(s) within then (10) calendar days from date of PA.
- Contact the SC to notify that the assessment was completed, whether the participant was deemed appropriate for MIHC, and if so, the start date for MIHC services.

SC will:

- Complete the MIHC form verifying completion of the MIHC assessment.
- Submit the MIHC form to the DMC for release of payment.
- Complete a POC revision to include MIHC Services (S5140) at the appropriate level, Level 1 or Level 2.

NOTE: Revision should include an end date for PAS services that coordinates with the begin date for MIHC services.

- Submit the POC packet to the SC supervisor by following the procedures outlined in this manual.

SC supervisor will:

- Review and approve POC following the procedures outlined in this manual.
- Submit approved POC packet (including the budget worksheet) to the DMC, participant, RO and provider(s) following the procedures outlined in this manual.

DMC will:

- Issue PAs after approved POC is received from SCA.

R-100.12 Nursing Services

For Nursing Services definition and policy, refer to Support Coordination Section under Covered Services in the Louisiana Medicaid Program CCW Provider Manual.

SC will:

- Inform participant of Nursing Services.
- Offer Freedom of Choice (FOC) of Nursing Services providers if participant chooses this service.
- Include Nursing Service in the Plan of Care (POC).
- Submit the POC packet to the SC supervisor by following the procedures outlined in this manual.

SC supervisor will:

- Review and approve POCs to the DMC following the procedures outlined in this manual.

DMC will:

- Issue Prior Authorizations (PAs) after approved POC is received from the SCA.

R-100.14 Personal Assistance Services (PAS)

For Personal Assistance Services (PAS) definition and policy, refer to PAS Section under Covered Services in the Louisiana Medicaid Program CCW Provider Manual.

SC will:

- Inform participant of PAS.
- Offer Freedom of Choice (FOC) of all PAS providers if participant chooses this service.
- Include PAS in the POC and budget sheet.
- Include in the POC whether or not the provider will assist with transportation.
- Include in the POC all activities of daily living (ADL) and instrumental activities of daily living (IADL) needs that must be performed by the Direct Service Worker (DSW).
- Ensure that provider submits a Back-Up Staffing Plan to the SCA within 5 calendar days of DSP notification.

NOTE: If the DSP does not submit during the time frame, the SC will offer FOC for new DSP.

- Complete the Emergency Plan and have the DSP sign if applicable.

NOTE: DSP must submit form to SCA within 5 calendar days of notification, or SC will offer FOC for new DSP.

- Submit the POC packet to the SC supervisor by following the procedures outlined in this manual.

SC supervisor will:

- Review and approve POC following the procedures outlined in this manual.
- Submit approved POC packet to the DMC, participant, provider(s), RO following the procedures outlined in this manual.

NOTE: Approved POC packet can be submitted by an SCA representative.

DMC will:

- Issue PAs after approved POC is received from SCA.

R-100.14.2 A.M./P.M. Personal Assistance Services (PAS)

SC will:

- Inform participant of A.M./P.M. PAS.
- Offer Freedom of Choice (FOC) of all PAS providers.
- Include A.M./P.M. PAS in the POC and budget sheet.
- Include in the POC all activities of daily living (ADLs) and instrumental activities of daily living (IADLs) needs that must be performed by the Direct Service Worker (DSW).
- Ensure that provider submits an individualized Back-Up Staffing plan to the SCA within 5 calendar days of DSP notification.

NOTE: If the DSP does not submit during the time frame, the SC will offer FOC for new DSP.

- Complete the Emergency Plan and have the DSP sign if applicable.

NOTE: DSP must submit form to SCA within 5 calendar days of notification, or SC will offer FOC for new DSP.

- Submit the POC packet to the SC supervisor by following the procedures outlined in this manual.

NOTE: Participants who receive A.M./P.M. PAS cannot receive any other PAS on the same day.

SC supervisor will:

- Review and approve POC following the procedures outlined in this manual.
- Submit approved POC packet to the DMC following the procedures outlined in this manual.
- Submit approved POC packet to participant following the procedures outlined in this manual.
- Submit approved POC packet to provider(s) following the procedures outlined in this manual.
- Submit approved POC packet to RO following the procedures outlined in this manual.

NOTE: Approved POC packet can be submitted by any SCA representative.

DMC will:

- Issue PAs after approved POC is received from SCA.

R-100.14.4 Self-Directed Personal Assistance Services (PAS)

After determining the participant is eligible and appropriate for the Self-Direction option, the SC will:

- Provide the participant with the OAAS Self Direction Option Employer Handbook, OAAS-MAN-13-002, and the Service Agreement Form, and inform the participant of all Self-Direction rules, policies and procedures of the program.

NOTE: Service Agreement Form must be reviewed with the participant and employer annually thereafter.

- Include Self-Directed PAS in the POC and budget sheet.
- Include in the POC all activities of daily living (ADLs) and instrumental activities of daily living (IADLs) needs that must be performed by the Direct Service Worker (DSW).
- Obtain a Back-Up Staffing Plan from the participant.
- Complete the Emergency Plan.
- Submit the POC packet to the SC supervisor by following the procedures outlined in this manual.

SC supervisor will:

- Review and approve POC following the procedures outlined in this manual.
- Submit approved POC packet to the DMC following the procedures outlined in this manual.

- Submit approved POC packet to participant following the procedures outlines in this manual.
- Submit approved POC packet (including budget worksheet) to Fiscal Agent (FA) following the procedures outlines in this manual.
- Submit approved POC packet to RO following the procedures outlines in this manual.

NOTE: Approved POC packet can be submitted by any SCA representative.

DMC will:

- Issue PAs after approved POC is received from SCA.

SC will:

- Provide at least quarterly monitoring of the self-direction time sheets, progress notes, and service logs, contained within the home book, for completion and compliance with the program requirements.
- Report any deficiencies to RO.

Upon the participant's termination, including participant's death, from the Self-Direction option, the SC will:

- Notify the Fiscal Agent, Medicaid, and RO of the participant's termination from the Self-Direction option.

If termination is due to the participant's death, the SC will:

- Contact the self-directed employer, obtain the employer's self-direction records, including, but not limited to, time sheets, service logs, and progress notes.

- Submit the obtained records to RO for the required maintenance period of five (5) years.

R-100.14.6 Shared Personal Assistance Services (PAS)

SC will:

- Inform participant of shared PAS.
- Obtain a signed confidentiality consent form from each participant receiving PAS services.
- Offer Freedom of Choice (FOC) of all PAS providers if participant chooses this service.
- Include Shared PAS in the POC and budget sheet.
- Include in the POC whether or not the provider will assist with transportation.
- Include in the POC all activities of daily living (ADL) and instrumental activities of daily living (IADLs) needs that must be performed by the Direct Service Worker (DSW).
- Ensure that provider submits a Back-Up Staffing Plan to the SCA within 5 calendar days of DSP notification.

NOTE: If the DSP does not submit during the time frame, the SC will offer FOC for new DSP.

- Complete the Emergency Plan and have the DSP sign if applicable.

NOTE: DSP must submit form to SCA within 5 calendar days of notification, or SC will offer FOC for new DSP.

- Submit the POC packet to the SC supervisor by following the procedures outlined in this manual.

SC supervisor will:

- Review and approve POC following the procedures outlined in this manual.
- Submit approved POC packet to the DMC, participant, provider, RO following the procedures outlined in this manual.

NOTE: Approved POC packet can be submitted by any SCA representative.

DMC will:

- Issue PAs after approved POC is received from SCA.

R-100.18 Skilled Maintenance Therapy (Physical, Occupational, Respiratory and Speech/Language)

For Skilled Maintenance Therapy (Physical, Occupational, Respiratory and Speech/Language) definition and policy, refer to Skilled Maintenance Therapy (SMT) under Covered Services in the Louisiana Medicaid Program CCW Provider Manual.

SC will:

- Inform participant of how SMT can help them maintain their ability to perform activities of daily living (ADLs) or improve their ability to carry out ADLs if there has been a decline.
- Offer Freedom of Choice (FOC) of SMT providers if participant chooses this service.
- Complete page 1 of the CCW Home Health/Therapy/Nursing Referral form (Refer to CCW Home Health/Therapy/Nursing Referral form and instructions).

- Send the following documents to chosen SMT provider:
 - CCW Home Health/Therapy/Nursing Referral form
 - Page 1 of POC
 - MDS-HC assessment

Once CCW Home Health/Therapy/Nursing Referral form is completed and returned by the SMT provider, the SC will:

- Include SMT in the POC and budget sheet.

SC supervisor will:

- Review and approve the POC following the procedures outline in this manual.
- Submit approved POC packet to the DMC, provider and RO following the procedures outlined in this manual.

NOTE: Approved POC packet can be submitted by any SCA representative.

DMC will:

- Issue PAs after approved POC is received from SCA.

R-100.20 Support Coordination

For Support Coordination definition and policy, refer to Support Coordination Section under Covered Services in the Louisiana Medicaid Program CCW Provider Manual.

SC will:

- Inform the participant of Support Coordination services.

- Include Support Coordination service in the Plan of Care (POC).
- Submit the POC packet to the SC supervisor by following the procedures outlined in this manual.

SC supervisor will:

- Review and approve POCs to the DMC following the procedures outlined in this manual.

DMC will:

- Issue Prior Authorizations (PAs).
- Not release PAs for the previous month unless quarterly requirements are met and documented in CMIS.

R-100.20.2 Contact Requirements

CCW with in-home services only: Quarterly face-to-face visits in the home. At least phone contacts for each month in which a face-to-face visit is not completed.

CCW with in-home services and ADHC services: Quarterly face-to-face visits in the home. At least phone contacts for each month in which a face-to-face visit is not completed. Minimum of two (2) visits at the ADHC per POC year, which counts as a quarterly face-to-face visit.

NOTE: Month is defined as a calendar month.

Quarter is defined as three (3) calendar months:

- **1st Quarter: January – March**
- **2nd Quarter: April – June**
- **3rd Quarter: July – September**

- 4th Quarter: October - December

R-100.22 Transition Intensive Support Coordination (TISC)

For Transition Intensive Support Coordination definition and policy, refer to Transition Intensive Support Coordination Section under Covered Services in the Louisiana Medicaid Program CCW Provider Manual.

SC will:

- Inform individual of Transition Intensive Support Coordination services.
- Make monthly telephone calls directly with individual or face-to-face visits with individual in NF if unable to talk directly with individual via telephone.

NOTE: If the individual lacks capacity to express his/her wishes or if interdicted, contact must be made with the appropriate legally responsible representative or the responsible representative.

- Include TISC service in the Plan of Care (POC) up to six (6) months prior to transitioning from the NF.
- Visit individual's prospective residence.
- Submit the POC packet to the SC supervisor by following the procedures outlined in this manual.

SC supervisor will:

- Review and approve POCs to the DMC following the procedures outlined in this manual.

DMC will:

- Issue Prior Authorizations (PAs).

R-100.22.2 Contact Requirements

CCW Transition Intensive Support Coordination: Monthly phone contacts with the participant and/or legally responsible representative until the participant transitions home. If the SC is unable to make contact by phone, a face-to-face visit with the participant and/or legal or responsible representative must be conducted.

If the participant is unable to transition out of the NF after six (6) months, the SCs will follow up with monthly contacts (phone or face-to-face) until the participant transitions into the community.

NOTE: Month is defined as a calendar month.

Quarter is defined as three (3) calendar months:

- **1st Quarter: January – March**
- **2nd Quarter: April – June**
- **3rd Quarter: July – September**
- **4th Quarter: October - December**

R-100.24 Transition Service

For Transition Service definition and policy, refer to Transition Service section under covered services in the LA Medicaid Program CCW Provider Manual.

Transition Services essential to the individual's transition into community must be purchased and in place prior to Nursing Facility discharge.

Non-essential items can be obtained after transition has occurred.

SC will:

- Inform participant of Transition Service.

- Determine if transition services are needed and if so, identify payer(s) of those services.
- Complete the Transition Service Form (TSF).
- Include Transition Service in the POC and budget sheet.
- Submit the POC packet and TSF to the SC supervisor by following the procedures outlined in this manual.

NOTE: Purchases cannot be made until the TSF has been pre-approved.

SC supervisor will:

- Review and pre-approve TSF.
- Review and approve POC following the procedures outlined in this manual.
- Submit approved POC packet to the DMC, participant, providers, and RO following the procedures outlined in this manual.

NOTE: Approved POC packet can be submitted by any SCA representative.

SC will:

- Assist with obtaining items identified on TSF.
- Verify that items purchased are listed on the TSF.
- Collect and submit original receipts to SC supervisor for verification.
- Submit a revised budget worksheet to SC supervisor reflecting the actual cost, if there are any discrepancies between the estimated and actual TSF costs.

NOTE: On the day of discharge from NF, the SC will conduct a face-to-face visit at participant's new residence to verify purchased items and document findings.

SC supervisor will:

- Utilize the pre-approved TSF to ensure that only the item(s)/service(s) listed are reimbursed to the designated purchaser. The designated purchaser can be the individual, his/her responsible representative, DSP, SCA, or any other source. However, the SCA is the only source that can actually bill for Transition Services.
- Review TSF for final approval.
- Send TSF to DMC and RO.

NOTE: Any items not listed on the original approved TSF will not be reimbursed on this TSF. If additional items are discovered then a new TSF and POC revision must be completed.

DMC will:

- Issue PAs after approved POC is received from SCA.

SC will:

- Bill the Medicaid fiscal intermediary contractor for this service within sixty (60) calendar days from actual move date.
- Reimburse the designated purchaser within ten (10) calendar days of receipt of reimbursement.
- Maintain documentation including each individual's TSF with original receipts and copies of cancelled checks, as record of payment to the designated purchaser(s).

NOTE: If the individual is not approved for waiver services and/or does not transition, but transition service items were purchased,

SCA will notify RO which will contact to allow for possible reimbursement.

In the event that additional needs are identified after the original TSF request was approved, the SC must submit a new TSF within ninety (90) calendar days after the individual's actual move date. The same procedure outlined above will be followed for any additional needs.